

Topic 4

Sharing Child Profile Information

Parents and guardians have much to offer regarding their child during IFSP meetings, the Transition Planning Conference, and at the IEP meeting. They are the ones most knowledgeable about the child's likes and dislikes, the child's behaviors, and the myriad of environments/situations to which the child is exposed each week. The parents/guardians are the only ones who know their hopes and dreams for the child and his/her future.

During this topic, the focus is to show the parents/caregivers ways to share their child-specific information with others involved in the transition process in an organized and constructive way.

Materials

- "I'm Getting Ready for Preschool"(child profile booklet)
- *Steps to Success* (TEIS publication)

A. Collecting and Recording Information for a child profile booklet

It is important and impressive for parents to construct a child profile booklet about their child. This will serve as a letter of introduction and a wonderful icebreaker at the Transition Planning Conference. The parent may also want to have copies available for those who will attend the IEP meeting so that those persons will be aware of this information. This booklet should be given to all professionals who will be involved with their child at the new preschool setting. (Parents should decide on the number of copies needed and make extras, if possible).

Keep the comments about the child brief and to the point. It will make the booklet easier to read and more likely to be read by those professionals.

Using the child profile booklet, "I'm Getting Ready for Preschool" (see page 4-3), have the parent omit or add important information regarding his/her child. Consider the length of time the child will be in the preschool setting and any needs that may arise. The parent may wish to place the child's photograph on the title page to personalize the booklet.

Finally, be sure the parent compiles a list of doctors and service providers including name, address, and phone number for LEA to add to the child profile booklet. The LEA (school system) will need this list so they can request information from these providers in order to better understand what services the child may need.

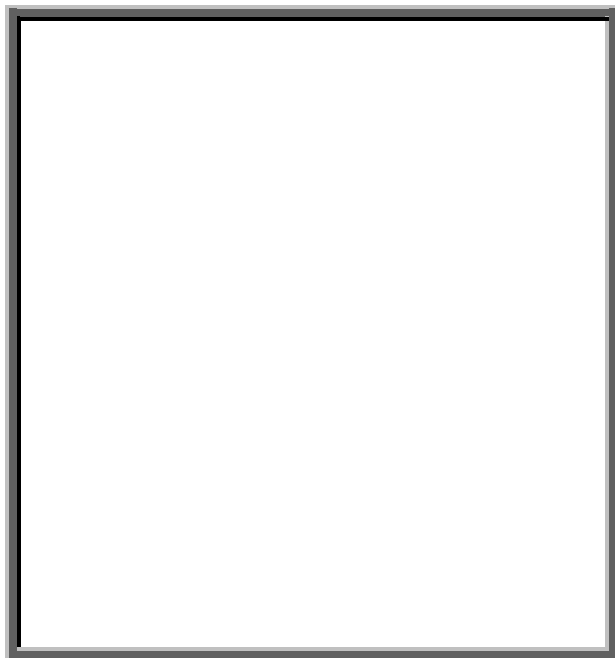
Sample Activities for the Early Interventionist and Family:

1. See if families would like to complete a page or two of the child profile booklet "I'm Getting Ready for Preschool" (see page 4-3) during your home visits. Make certain he/she understands the type of information being requested. Depending on the individual needs of the parent, either work together with the parent to develop the child profile booklet over several weeks or leave the handouts for family follow-up.
2. Review page 4 of the *Steps for Success* booklet with the family for additional information about what to include in the child profile booklet.

Family Follow-Up:

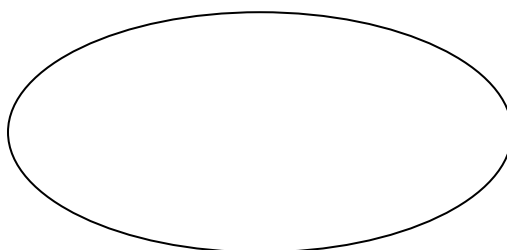
1. Have the parent/guardian continue making additions to the child profile booklet “I’m Getting Ready for Preschool” (see page 4-3).
2. The parent could request copies of current evaluations by therapists if not already in their possession. Have the family make a list of their child’s current service providers.

I'M GETTING READY FOR PRESCHOOL



My Photo

This Book is All About



My Family

The people in my life...

My pets and their names...

My caregivers names...

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Comments about family:

Communication

I can let you know what I need

- ☐ verbally
- ☐ with pictures
- ☐ a mixture of words and gestures
- ☐ with a communication board
- ☐ sign language

Other

<input type="checkbox"/>	
<input type="checkbox"/>	

Some important words I use are...

My family would like to work on...

- ☐ expressing wants and needs
- ☐ using new words
- ☐ taking turns with others in conversation

My Social Skills & Needs

Here is some information so you will know a little more about me!

1. When I am around new people, I . . .

- ☐ am shy or afraid
- ☐ am curious to meet them

2. I like to play . . .

- ☐ all by myself
- ☐ with one friend
- ☐ with several friends

3. I share my toys . . .

- ☐ never
- ☐ sometimes
- ☐ most of the time

Please help me learn how to . . .

- ☐ get along with other children (share, take turns)
- ☐ use my voice properly (when I may and may not yell)

My Routines

My Meal Routines

I eat breakfast at _____

I eat a snack at _____

I eat lunch at _____

My Potty Routine

- ☐ wear diapers
- ☐ will sit on potty with help
- ☐ stay dry/clean when taken to toilet on regular basis
- ☐ indicate need to use toilet
- ☐ manage my clothes independently

I take a nap ☐ yes ☐ no

When _____

How Long _____

Favorite Foods

Fruits: _____

Vegetables: _____

Meats: _____

Cereals/Bread: _____

Drinks: _____

Special Treats: _____

I especially like foods that are:

- | | | |
|----------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> crunchy | <input type="checkbox"/> chewy | <input type="checkbox"/> smooth |
| <input type="checkbox"/> spicy | <input type="checkbox"/> hot | <input type="checkbox"/> cold |

I really don't like: _____

I have a food allergy to: _____

Favorite & Not-So-Favorite Activities

These are things I enjoy doing at home:

☐ Playing with _____
(names of playmates)

- ☐ coloring
- ☐ looking at picture books
- ☐ playing outside
- ☐ baking yummy food in the kitchen
- ☐ riding my tricycle or big wheel
- ☐ playing with these favorite games and toys:

But ____
I Don't Like to:

Things that comfort my child:

Medications

Name of medicine: _____

Dosage: _____ Schedule _____

Side Effects/Special Comments _____

Name of medicine: _____

Dosage: _____ Schedule _____

Side Effects/Special Comments _____

Name of medicine: _____

Dosage: _____ Schedule _____

Side Effects/Special Comments _____

Allergies

I am allergic to: _____

This is how I react:

☐ I sneeze ☐ I get a rash ☐ My eyes water☐ I have difficulty breathing ☐

If I have an allergic reaction, you can help me by:

Special Equipment & Supplies

I use:

Here is a list of special things I will use. If you have any questions about how to use or care for these things, please call my family. Thank you.

1. Mobility Devices

☐ wheelchair ☐ walker

2. Seating Devices

☐ Rifton chair ☐

3. Feeding Equipment

☐ plate/suction ☐ adapted cup ☐ adapted spoon

4. Auditory Aids

☐ amplification system

Hearing aids ☐ right ear ☐ left ear

5. Visual Aids

☐ large print ☐ glasses

6. Sensory Needs

☐ _____

Emergency

If there is an emergency while I am in school, please call someone from the list below. Please call in the order the names are listed: Thank you

1. Name _____
Phone # _____
Relationship _____

2. Name _____
Phone # _____
Relationship _____

3. Name _____
Phone # _____
Relationship _____

Child Care Provider (if applicable)

Name _____

Phone # _____

My Hopes and Dreams for my Child

Additional things I would like for you to know

A Drawing by my Child.